Student Health Partnership

Annual Report
Guidelines for 2000/2001 and 2001/2002
Student Health Initiative

Alberta
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Note: Student Health is a joint initiative of Alberta Learning, Alberta Health and Wellness, Alberta Children's Services, and the Alberta Mental Health Board.

This document is a companion to the
Student Health Partnership: Service Plan Guidelines for 2001/2002.

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Annual Report

This document is a companion to the *Student Health Partnership: Service Plan Guidelines for 2000/2001 and 2001/2002.* Joint service planning and annual reporting occurs as a continuous improvement cycle.

The Annual Report is a concise, public document, fewer than 10 numbered pages, reporting on the Partnership's activities supported by funding allocated through the Student Health Initiative (SHI) to the Partnership as a shared resource.

In advance of preparing the Annual Report, the Partnership should check the *Review Summaries* (prepared by the inter-ministerial Review Team for your Partnership's Service Plan) and incorporate any additional reporting expectations identified by the Review Team for inclusion in your Annual Report.

Change

The Annual Report is due **November 30** and **must** include the following four required components:

1. Statement of Accountability
2. Progress and Results
3. Continuous Improvement
4. Financial Summary.

See Appendix A, page 7 for a checklist of required components.

Required Components

1. Statement of Accountability

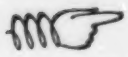
The statement of accountability

1.1 is signed by *one* designated representative, on behalf of the Student Health Partnership

1.2 confirms the accuracy of the information contained in the Annual Report

1.3 confirms the Student Health Partnership's commitment to take actions for continuous improvement

1.4 confirms the Student Health Partnership's commitment to use student health funding *only* for eligible student health services for identified students with special health needs to enable them to be successful at learning



Change

1.5 confirms that all partners maintained funding for student health services at their September 1998–August 1999 total estimated baseline level or greater.

2. Progress and Results

Identify progress and results for the required short-term goal and any additional goals your Partnership developed for the Service Plan.

The following must be included.

2.1 Brief highlights of major accomplishments as they relate to the principles of the SHI, which are described in your Service Plan.

2.2 A description of progress in the implementation of strategies.

2.3 A description of how students with special health needs registered in:

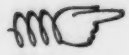
- private school programs
- private ECS operator programs
- alternative programs; e.g., home education/ blended, outreach, online, etc.

have benefited from access to student health services through the Student Health Partnership.

2.4 Results of the required performance measures and targets including:

- the number of students served
- range of services
- access to coordinated/integrated services to improve student learning.

Describe any variance between planned and actual achievements.



2.4.1 Number of students served

Indicate the numbers of students with special health needs who received each eligible student health service compared to the planned target (see the following example).

Service Need	Number of Students with Special Health Needs the Partnership *Planned* to Serve	Number of Students with Special Health Needs the Partnership *Actually* Served	Describe Any Variance Between Planned and Actual
Speech-language Therapy	60	32	Unable to hire 1 speech-language pathologist.
Physical Therapy	20	20	
Emotional/ behavioural supports	160	194	Able to hire 2 behaviour consultants.
Etc.			

2.4.2 Range of services

- Identify the student health services that the partners in your Partnership provided in baseline (1998/1999) in comparison to the student health services that your Partnership provided during this school year.
- In a chart, describe the types of baseline (1998/1999) services, enhancements to baseline services *actually* provided and new services *actually* provided (see the following example).

Type of Baseline (1998/1999) Service

- **Speech-language services provided to children with special health needs in K–3**

Planned Enhancements to Baseline Services	Enhancements to Baseline Services *Actually* Provided	New Services *Planned*	New Services *Actually* Provided
Planned to increase the hours of speech-language per student with special health needs in K–3	*Actually* increased speech-language hours per student with special health needs in only K–2	*Planned* to provide speech-language services to students with special health needs in Grades 4–6	Speech-language services were *actually* provided to students with special health needs in Grades 4–6 and Grades 7–9

Describe reasons for any variance between planned and actual achievements.

2.4.3 Access to coordinated/integrated services to improve student learning

Identify how classroom teachers within the Partnership responded to these statements.

i. For each student with a special health need, an adequate plan is in place to provide student health services.
ii. It is easy to refer students for student health services.
iii. Student health services are provided within a reasonable time after referral.
iv. The student health services that students need are available.
v. The student health services have improved students' abilities to be successful at learning.
vi. For students who need more than one student health service, the various services are well-coordinated.

Note: A questionnaire that your Partnership may use with classroom teachers is included in Appendix B, page 8.

2.5 Report on the results of the performance measures and targets for any additional goals set by the Partnership for the Service Plan year. For example:

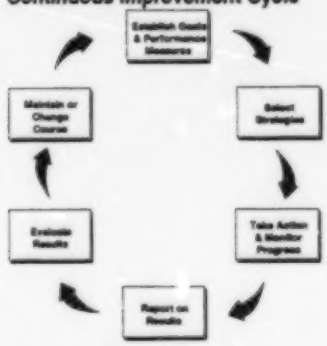
- student, parent and other stakeholder satisfaction
- indication as to whether the results were satisfactory, exceeded expectations and/or need improvement.

2.6 Describe your Partnership's service delivery model and:

- how the model and referral process works (flow chart/diagram)
- how services are coordinated across partners in the Partnership
- how various service providers participate in the process of development, monitoring and evaluation of a student's service plan or Individualized Program Plan (IPP).

2.7 Describe the Partnership's progress in making effective and efficient use of existing and new resources, including any changes each partner has made in decision making or use of its baseline (1998/1999) commitment, as a result of participating in your Student Health Partnership.

Continuous Improvement Cycle



From *Achieving Accountability in Alberta's Health System*, by Alberta Health and Wellness, November 1998. Reprinted with permission.

3. Continuous Improvement

The following should be identified:

3.1 opportunities to enhance coordination and integration of student health services

3.2 opportunities to make effective and efficient use of SHI funding and existing 1998/1999 baseline commitment

3.3 emerging issues and unmet needs to be addressed in your Partnership's next Service Plan.

4. Financial Summary

4.1 The financial summary **must** include the Financial Statement for the Service Plan Year — Form 3. See Appendix C, page 9.

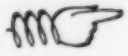
4.1.1 **The Chief Financial Officer of the Partnership's Banker and the Chair of the Partnership both must sign Form 3.**

4.1.2 In a chart, provide supplementary information to Form 3 that describes the number of FTEs that were planned for and the actual number that were hired (see sample chart below) and describe reasons for any variance between planned and actual number of FTEs that were hired.

Service Need	Number of FTEs the Partnership *Planned* to Hire (as Identified on Form 2 of the Service Plan)	Number of FTEs the Partnership *Actually* Hired	Describe Reasons for any Variance Between Planned and Actual
Speech-language Therapy	12 speech-language therapists 10 speech-language assistants	9 speech-language therapists 14 speech-language assistants	Unable to hire 3 speech-language therapists, so hired 4 more speech-language assistants
Physical Therapy			
Etc....			

4.2 Include a brief description of any human resource issues.

Annual Report Submission



Change

The Student Health Partnership **must** submit an Annual Report **by November 30** (following the Service Plan year ending August 31).

- The provincial government partners — Learning, Health and Wellness, Children's Services and the Alberta Mental Health Board — will review all the Annual Reports submitted by Student Health Partnerships.
- The provincial government partners will consolidate the information resulting from Annual Reports and communicate findings with Student Health Partnerships, government and the public.
- Submit Annual Report to:
  Provincial Student Health Coordinator
  Student Health Initiative
  c/o Alberta Learning
  9 Floor, 11160 Jasper Avenue
  Edmonton, Alberta
  T5K 0L2.

Appendix A — Checklist for the Required Components of the Annual Report

Due Date: November 30

A concise, public document, fewer than 10 numbered pages, reporting on the Partnership's activities supported by funding allocated through the Student Health Initiative (SHI) to the Partnership as a shared resource.

- ❑ Check the *Review Summaries* (prepared by the interministerial Review Team for your Partnership's Service Plan) and incorporate any additional reporting expectations identified by the Review Team for inclusion in your Annual Report.

1. Statement of Accountability

- ❑ Signed by *one* designated representative, on behalf of the Partnership.
- ❑ Confirms the accuracy of the information contained in the Annual Report.
- ❑ Confirms the Partnership's commitment to take actions for continuous improvement.
- ❑ Confirms the Partnership's commitment to use SHI funding only for eligible student health services for identified students with special health needs to enable them to be successful at learning.
- ❑ Confirms that all partners maintained funding for student health services at their September 1998–August 1999 total estimated baseline level or greater.

2. Progress and Results

- ❑ Highlight major accomplishments as they relate to the principles of the SHI, which are described in your Service Plan.
- ❑ Describe progress in the implementation of strategies.
- ❑ Describe how students with special health needs registered in:
  - private schools programs
  - private ECS operator programs
  - alternative programs; e.g., home education/blended, outreach, online, etc.

  have benefited from access to student health services through the Student Health Partnership.
- ❑ Report the results of the required performance measures and targets including:
  - **Number of students served** — The numbers of students with special health needs who received each eligible student health service compared to the planned target. Describe reasons for any variance between planned and actual achievements.
  - **Range of services** —In a chart, describe the types of baseline (1998/1999) services, enhancements to baseline services *actually* provided and new services *actually* provided. Describe reasons for any variance between planned and actual achievements.
  - **Access to coordinated/integrated services to improve student learning** — Identify how classroom teachers within the Partnership respond to certain statements. Describe reasons for any variance between planned and actual achievements.
- ❑ Report the results of the performance measures and targets for any additional goals set by the Partnership for the Service Plan year. For example:
  - student, parent and other stakeholder satisfaction
  - indication as to whether the results were satisfactory, exceeded expectations and/or need improvement
- ❑ Describe your Partnership's service delivery model and:
  - how the model and referral process works (flow chart/diagram)
  - how services are coordinated across partners in the Partnership
  - how various service providers participate in the process of development, monitoring and evaluation of a student's service plan or Individualized Program Plan (IPP).
- ❑ Describe the Partnership's progress in making effective and efficient use of existing and new resources, including any changes each partner in the Partnership has made in decision making or use of its baseline (1998/1999) commitment, as a result of participating in your Student Health Partnership.

3. Continuous Improvement

- ❑ Identify opportunities to enhance coordination and integration of student health services.
- ❑ Identify opportunities to make effective and efficient use of SHI funding and existing baseline (1998/1999) commitment.
- ❑ Identify emerging issues and unmet needs to be addressed in your Partnership's next Service Plan.

4. Financial Summary

- ❑ Complete and submit a signed Form 3.
- ❑ **The Chief Financial Officer of the Partnership's banker and Chair of Partnership must sign Form 3.**
- ❑ In a chart, provide supplementary information to Form 3 that describes the number of FTEs that were **planned for** and the **actual number** that were hired. Describe reasons for any variance between planned and actual number of FTEs hired.
- ❑ Briefly describe any human resource issues.

Annual Report Submission

- ❑ By November 30, submit Annual Report to the Provincial Student Health Coordinator.

Appendix B — Classroom Teacher Survey about Student Health Services

You have been randomly selected to participate in a survey about student health services.

Complete this survey only if some of your students have special health needs that affect their ability to participate in, and/or take full advantage of their school program.

- By **"special health needs"** we mean physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioural disabilities.

This survey asks questions about the student health services provided to students with special health needs.

- By **"student health services"** we mean health and related support services that help these students participate fully in their education programs to attain their potential and be successful at learning.
- We **do not** mean special education services nor services intended to benefit all students, such as prevention programs, bully proofing, diversion, conflict management, school health nursing or nutrition programs.
- Examples of student health services include speech-language therapy, occupational therapy, physical therapy, respiratory therapy, audiology, clinical nursing services and emotional/behavioural supports.

On a scale of 1 to 4, please rate the degree to which you agree with the following statements regarding the student health services provided to your students with special health needs during the **2000/2001 school year**.

		strongly agree	agree	disagree	strongly disagree	not applicable
i.	For each of my students with a special health need, an adequate plan is in place to provide student health services.	1	2	3	4	0
ii.	It is easy to refer students for student health services.	1	2	3	4	0
iii.	Student health services are provided within a reasonable time after a referral.	1	2	3	4	0
iv.	The student health services that my students need are available.	1	2	3	4	0
v.	The student health services have improved my students' abilities to be successful at learning.	1	2	3	4	0
vi.	For my students who need more than one student health service, the various services are well-coordinated.	1	2	3	4	0

Thank you for taking the time to participate.

Appendix C — Financial Statement for the Service Plan Year

FORM 3

REVENUES:

SHI Funding Allocation for Partnership Service Delivery	$ _____	(A)
Partnership Administration (4.5%)	$ _____	(B)
Other Revenue (as applicable)	$ _____	(C)
Actual Partnership Service Delivery Surplus from Previous School Year	$ _____	(D)
Actual Partnership Administration Surplus from Previous School Year	$ _____	(E)
Total Revenues	$ _____	(F)
	(A + B + C + D+E)	

STUDENT HEALTH SERVICES PROVIDED WITH SHI FUNDING

Student Health Services Provided with SHI Funds	# of Students Served[1]	Actual Salaries & Benefits for FTES	Actual Other Student Health Service Delivery Costs[2]
Speech Language Therapy		$	$
Physical Therapy		$	$
Occupational Therapy		$	$
Audiology		$	$
Respiratory Therapy		$	$
Clinical Nursing		$	$
Emotional/Behavioural Supports		$	$
Teacher Assistants		$	$
Teacher—Special Eligible Cost	N/A	N/A	$
Other (Please Specify)			
•		$	$
•		$	$
•		$	$
TOTAL		$ _____ (G)	$ _____ (H)

EXPENSES

Actual SHI Service Costs	$ _____	(G + H)
Actual Partnership Administration[3]	$ _____	(I)
Unused One-time Start-up from 1999/2000	$ _____	(J)
Total Expenses	$ _____	(K)
	(G + H+I+J)	

NET OPERATING RESULTS

Total Revenues Minus Total Expenses[4]	$ _____	(L)
	(F –K)	

ON BEHALF OF THE STUDENT HEALTH PARTNERSHIP, I DECLARE THAT this financial statement reflects the Partnership's revenues and expenses for the period of _____. I have made reasonable efforts to verify the accuracy and completeness of the information provided by each partner in the Partnership. I understand and agree with the methods and assumptions used to obtain the information. This does not constitute an audit and consequently an audit opinion is not expressed on this financial statement.

Signature of Banker's Chief Financial Officer (CFO): .....

Print Name of CFO: _____ Date: _____

Signature of Chair of Partnership: .....

Print Name of Chair: _____ Date: _____

[1] Students who receive more than one Student Health Service should be reported under each eligible service.

[2] For example, clinical supervision, client-centered evaluation processes, travel, administrative support personnel, training

[3] Partnership administration expenses exceeding the 4.5% allocation must be borne by the Partnership.

[4] Surplus available to carry forward to the next Service Plan year.

Appendix C — Financial Statement for the Service Plan Year

FORM 3

REVENUES:

SHI Funding Allocation for Partnership Service Delivery	$ _____	(A)
Partnership Administration (4.5%)	$ _____	(B)
Other Revenue (as applicable)	$ _____	(C)
Actual Partnership Service Delivery Surplus from Previous School Year	$ _____	(D)
Actual Partnership Administration Surplus from Previous School Year	$ _____	(E)
Total Revenues	$ _____	(F)
	(A + B + C + D+E)	

STUDENT HEALTH SERVICES PROVIDED WITH SHI FUNDING

Student Health Services Provided with SHI Funds	# of Students Served[1]	Actual Salaries & Benefits for FTES	Actual Other Student Health Service Delivery Costs[2]
Speech Language Therapy		$	$
Physical Therapy		$	$
Occupational Therapy		$	$
Audiology		$	$
Respiratory Therapy		$	$
Clinical Nursing		$	$
Emotional/Behavioural Supports		$	$
Teacher Assistants		$	$
Teacher—Special Eligible Cost	N/A	N/A	$
Other (Please Specify)			
•		$	$
•		$	$
•		$	$
TOTAL		$ _____ (G)	$ _____ (H)

EXPENSES

Actual SHI Service Costs	$ _____	(G + H)
Actual Partnership Administration[3]	$ _____	(I)
Unused One-time Start-up from 1999/2000	$ _____	(J)
Total Expenses	$ _____	(K)
	(G + H+I+J)	

NET OPERATING RESULTS

Total Revenues Minus Total Expenses[4]	$ _____	(L)
	(F –K)	

ON BEHALF OF THE STUDENT HEALTH PARTNERSHIP, I DECLARE THAT this financial statement reflects the Partnership's revenues and expenses for the period of _____. I have made reasonable efforts to verify the accuracy and completeness of the information provided by each partner in the Partnership. I understand and agree with the methods and assumptions used to obtain the information. This does not constitute an audit and consequently an audit opinion is not expressed on this financial statement.

Signature of Banker's Chief Financial Officer (CFO): .....

Print Name of CFO: _____ Date: _____

Signature of Chair of Partnership: .....

Print Name of Chair: _____ Date: _____

[1] Students who receive more than one Student Health Service should be reported under each eligible service.

[2] For example, clinical supervision, client-centered evaluation processes, travel, administrative support personnel, training

[3] Partnership administration expenses exceeding the 4.5% allocation must be borne by the Partnership.

[4] Surplus available to carry forward to the next Service Plan year.